

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 535

STATE FILE NUMBER

63-044388

## 1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Independence

Length of stay in 1b  
1 week

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Salisbury Nursing Home

Inside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Jackson

c. CITY  
OR TOWN Independence

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS 3609 S. Spring

(If outside, give location)

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

Middle

Last

Thomas

M

Gregory

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married

☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/15/1886

## 9. AGE (last birthday)

77

## 10a. USUAL OCCUPATION

(Give kind of work done during most of working life, even if retired)  
Retired - Welder Butler

## 10b. KIND OF BUSINESS OR INDUSTRY

Manufacturing Co.

## 11. BIRTHPLACE (City and state or country)

Jacksboro, Texas

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

J. W. Gregory

## 13b. MOTHER'S MAIDEN NAME

Evelyn Matlock

## 14. NAME OF HUSBAND OR WIFE

Dora L. Gregory

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

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## 17. INFORMANT

Arthur Gregory

## Address

3609 S. Spring

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Cor pulmonale & rt. congestive failure

#### DUE TO (b)

Emphysema (pulmonary)

#### DUE TO (c)

Advanced age

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK

☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

11/23/63

to 11/26/63

and last saw him alive on 11/26/63

## Death occurred at

3:20 a.

m

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

George F. Murphy, D.O.

## 22b. ADDRESS

2224 Maywood - Indep., Mo.

## 22c. DATE SIGNED

11/27/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

Nov. 29, 1963

## 23c. NAME OF CEMETERY OR CREMATORY

Woodlawn Cemetery

## 23d. LOCATION (City, town, or county)

Independence, Missouri

## 24. FUNERAL DIRECTOR

Earp & Sons Mortuary

## ADDRESS

Kansas City

## 25. DATE RECD. BY LOCAL REG.

11-27-63

## 26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
17010  
27000  
3  
4 0  
5 1  
6  
7 1  
8 2  
95271  
10  
11  
12 86-2  
13 1-0

DEC 4 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed William H. Eargle

Licensed Embalmer No. 4728

P. O. Address J. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Nov - 27 - 63